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STATEMENT OF

FORM 1		0				Offi	ice U:	se Onl	ly											
NAME OF COMMITTEE (in full)			Check if nam changed)	ne	Example:If typing, type over the lines.					12FE4M5										
Associated	Builde	ers and	d Contr	acto	rs F	Polit	ica	I Ac	ctio	n C	Cor	nm	itte	е	(Al	3C	P.	AC	2)	
ADDRESS (number and street)		4250 No	rth Fairfax Dr	ive 9th F	loor						<u> </u>								Ш	
(Check if address is changed)		Arlingtor	<u> </u>							Į V.	A		2220	03		<u> </u>				
			CITY								STATE					ZIP CODE				
COMMITTEE'S E-MA (Check if is change	address		provide only	one e-m	ail add	dress)														
COMMITTEE'S WEB	PAGE ADI	DRESS (UI	RL)																	
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2. DATE 02		D / Y	2012																	
3. FEC IDENTIFIC	CATION NU	IMBER	(C000	01042	1														
4. IS THIS STATE	MENT	NEW	(N) C	OR	×	А	MEND	DED (A	۹)											
I certify that I have a Type or Print Name Signature of Treasure	of Treasurer	01 : 0:		e best of		nowle				is tru	e, co	orrec 02	M /	D	plete	/ Y) 012	Y	
NOTE: Submission of			omplete inforr GE IN INFOR				•	-	-					oenal	ties c	f 2 U	I.S.C	. §43	37g.	
Office Use Only						For fur Federa Toll Fre Local 2	Election Ele	on Com 424-95	nmissio				I		C Fo			I		